

Case Number:	CM14-0179090		
Date Assigned:	11/03/2014	Date of Injury:	08/17/2009
Decision Date:	12/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Pursuant to the progress note dated September 9, 2014, the IW had complaints of ongoing low back and doing well with medications. Lower extremity pain was quite bothersome and the IW wanted to increase his Neurontin to 900mg TIS, and was getting better pain control with that dosage. His medications include Oxycodone, Norco, Trazadone, Gabapentin, Soma, and Benadryl. On physical exam, there was no significant change and no other physical exam findings that were listed. The IW was diagnosed with chronic low back pain with a history of fusion at L5-S1 in October 2011. The treatment plan was for ongoing medications and follow-up in 2 months. There is documentation in the medical record that the IW started Trazadone in December of 2012 for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Prescription for Trazodone 50mg #120 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Trazodone

Decision rationale: Pursuant to the Official Disability Guidelines, Trazodone 50 mg #120 for the lumbar spine is not medically necessary. Sedating antidepressants (Trazodone) have been used to treat insomnia; however there is less evidence to support their use for insomnia. Trazodone is one of the most commonly prescribed agents for insomnia. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Also worth noting, there have been no dose finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. There is no clear-cut evidence to recommend Trazodone first-line to treat primary insomnia. In this patient, there was no documentation of any subjective or objective findings compatible with depression or anxiety. Additionally, there was no documentation indicating why Trazodone was prescribed for insomnia regardless of depression or anxiety. Consequently, Trazodone 50 mg #120 of the lumbar spine is not medically necessary.